



Arizona Regulatory Board of Physician Assistants

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Executive Director

DRAFT MINUTES FOR ARBOPA RULES SUBCOMMITTEE TELECONFERENCE Held at 12:00 p.m. on September 13, 2006 9545 E. Doubletree Ranch Road • Scottsdale, Arizona

Rules Subcommittee Members

Albert Ray Tuttle, P.A.-C, Chair
Randy D. Danielsen, Ph.D., P.A.-C
James E. Meyer, M.D.
Joan Reynolds, P.A.-C
Kelli M. Ward, D.O.

CALL TO ORDER

The meeting was called to Order at 12:00 p.m.

ROLL CALL

Roll call was taken and the following members were present: Albert Ray Tuttle, P.A.-C, Randy Danielsen, Ph.D, P.A.-C., James E. Meyer, M.D. and Kelli M. Ward, D.O. The following Board Member was not present: Joan Reynolds, P.A.-C.

CALL TO THE PUBLIC

Richard E. Bitner, Legislative Advocate was present and spoke during the call to the public. Mr. Bitner said he was a lobbyist for the Physician Assistants' Association and was present to provide input and assistance to the Subcommittee if they so requested.

NON-TIME SPECIFIC ITEM

I. Discussion of Physician Assistant Rules

Timothy Miller, J.D., Executive Director asked the Subcommittee to discuss the scope of practice for physician assistant (PA), supervision and the meaning of the dependent relationship that a PA maintains with the supervising physician. Mr. Miller said that at a future date they could go through the Rules line by line, but for this meeting he requested clarification so additional changes to the Rules could be drafted.

Randy D. Danielsen, Ph.D., P.A.-C said he had suggested changes to the current Rules and said he would e-mail those changes to Mr. Miller for review by the Subcommittee.

The Subcommittee discussed the definition of a dependent relationship. Mr. Miller said the current interpretation was that a PA cannot form an independent relationship with the patient as the PA's relationship with a patient is always dependent on a supervising physician. Kelli M. Ward, D.O., M.P.H., FACOFP said she felt that whenever a patient sees a PA, they automatically become a patient of the PA's supervising physician. Dr. Ward also said the Rules should state the supervising physician must see a patient once a year who is otherwise presenting to his physician assistant.

Albert Ray Tuttle, P.A.-C suggested in a location such as an Emergency Room or an Urgent Care, a dependent relationship could be established by having the supervising physician review and sign the chart. James Edward Meyer, M.D. said he felt such a requirement would bring a dramatic change in the way things are currently being done and felt the Rules should not be so restrictive as to cause physicians to question their need for a PA. Dr. Meyer said if too much supervision is required the PA would not be a true physician extender.

Dr. Ward said she was not comfortable with PAs practicing in geographically separate locations from their supervising physician. Mr. Miller suggested the Subcommittee develop separate rules for remote supervision as opposed to physicians who supervise within the same office setting.

Dr. Ward also said she believed supervising physicians should have the same scope of practice that they delegate to their PAs. Dr. Ward said if a PA has more than one supervising physician, they need to stay within the parameters of what has been delegated to them by each supervisor for the corresponding patients.

Mr. Miller asked the Subcommittee if they would like a supervising physician to review the medical records weekly for each and every patient the physician assistant has seen. Dr. Meyer said he interpreted the statutes to state the supervising physician should only have to

review the cases where the physician's input is necessary. Mr. Miller noted there should be documentation of the required weekly meetings between the PA and the supervising physician. Dr. Ward said an efficient documentation system would be necessary so as not to develop cumbersome paperwork with years of documentation. Dr. Ward suggested implementing a concise, signed 12-month log that showed a weekly meeting occurred where pertinent patients and pertinent prescriptions were discussed.

The Subcommittee then discussed that the role of an Agent was only to supervise a PA when the supervising physician was not immediately available. Dr. Ward noted that if a physician assistant works in a group practice, each physician should be a supervising physician to the PA. Dr. Ward also noted the PA should document the supervising physician under whose delegation he/she is seeing each patient.

Mr. Miller asked the Subcommittee to clarify the current statutes that stated a supervising physician shall not supervise more than two PAs in the same location with the same schedule. PA Tuttle noted the statute allowed room for a supervisor to have 10 different locations where supervision could take place and felt that was inappropriate. Dr. Meyer noted it would be difficult for a surgeon who has five different PAs who assist him at different surgical sites to restrict the number of PAs used. PA Tuttle said supervision during surgery is immediate and would not require weekly face to face meetings and so supervision of this type would be more manageable and acceptable.

Mr. Miller noted the statute that stated PAs may only obtain prescription medications from their supervising physician, but the statute was most likely written before drug representatives were giving sample medications to PAs. PA Tuttle said PAs obtaining drug samples would be acceptable if the supervising physician signs a form stating the PA is authorized to accept such.

Dr. Ward asked Staff to notify the Arizona Board of Osteopathic Examiners of the Subcommittee's work being done on these issues as the Osteopathic Board will most likely have the same issues with inappropriate supervision of Physician Assistants.

The Board Meeting was adjourned at 12:59 p.m.



Timothy C. Miller, J.D., Executive Director